



Representative Louise M. Slaughter
Chairwoman, House Committee on Rules
Representing New York's 28th District

PRESS RELEASE

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Rep. Slaughter Helps to Override President's Veto of Medicare Bill

Washington, DC – Congresswoman Louise M. Slaughter (D-NY-28), Chairwoman of the House Committee on Rules, today voted to override President Bush's veto of the Medicare Improvements for Patients and Providers Act (H.R. 6331), legislation to prevent a pending 10.6 percent payment cut for physicians in Medicare. The veto was overridden today in the House of Representatives by a vote of 383 - 41.

“The President’s misguided veto threatens to deny access to Medicare services for millions of seniors and people with disabilities,” said Rep. Slaughter. “I am proud to have cast my vote to override the President’s veto and ensure that those who rely on Medicare can continue to see the doctors they know and trust.”

On June 24, the House passed the Medicare Improvements for Patients and Providers Act by a veto-proof margin of 355 to 59. On July 9, the Senate passed the bill and sent it to the President. Despite the strong bipartisan support in the House and Senate, the President vetoed the bill this morning.

BACKGROUND ON THE LEGISLATION

The Medicare Improvements for Patients and Providers Act does the following:

Ensures seniors have access to the doctors they know and trust by preventing pending Medicare payment cuts for physicians. The bill eliminates the pending 10.6 percent cut in Medicare payments to physicians for the remainder of 2008 and provides a 1.1 percent increase in Medicare physician payments for 2009.

Ensures active-duty military personnel and military retirees access to the doctors they know and trust. The Tricare program (the military health care program) uses the Medicare fee schedule to pay doctors. Therefore, when Medicare cuts physicians payments, Tricare physician payments are cut as well – threatening the access of Tricare participants to their doctors.

Protects Pharmacy Access

This bill also requires Medicare Advantage plans to pay pharmacies within 14 days and to update the prices they will reimburse for prescription medicines at least weekly, so that

pharmacies will know what they should get paid. The Medicare Prescription Drug plan was disastrous for Community pharmacists, nursing homes, and families throughout Western New York who were forced to pay drug costs that Medicare was supposed to cover but did not due to administrative failures. This bill helps to ensure that our community pharmacists do not go out of business because of delayed payments and that pharmaceuticals are accessible and affordable to all seniors who need them.

Enhances Medicare preventive and mental health benefits. The bill improves Medicare coverage of preventive health care. Specifically, to help beneficiaries identify medical conditions or risk factors early, the bill allows preventive services not currently covered to be added to the program, as long as they are recommended by the U.S. Preventive Services Task Force and approved through regular regulatory channels. In addition, Medicare currently requires a much higher co-payment for mental health services – 50 percent – than the 20 percent required for physical health care services. The bill provides parity in coverage for mental health services by lowering co-payments over six years until they match other co-pays.

Improves and extends low-income assistance programs for Medicare beneficiaries. The bill extends and improves low-income assistance programs for Medicare beneficiaries whose income is below \$14,040. This includes the “Qualified Individual” program that pays Part B premiums for low-income beneficiaries with incomes of \$12,480 to \$14,040 a year. The bill also increases the amount of assets that low-income beneficiaries can have and still qualify for financial help with Medicare costs.

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